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| Case Number: | CM15-0050245 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 01/27/2015 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female who sustained an industrial injury on 1/27/15 when she was struck in the head by the mirror she was cleaning causing her to fall to the ground. She initially complained of headache, dizziness and mild back pain. Of note, there is a discrepancy in the documents as to whether the injured worker is male or female. She currently complains of headaches, dizziness, aching pain to her neck, cracking and weakness to her knees and right shoulder pain. Medications include Ultracet, Tylenol extra strength and cyclobenzaprine. Diagnoses include sprain/ strain bilateral cervical area; cervical myospasm; rule out cervical disc protrusion; thoracic myospasm; rule out thoracic disc protrusion; right shoulder myospasm; right shoulder sprain/ strain; left shoulder muscle spasm; left shoulder sprain/ strain; right and left knee sprain/ strain; concussion without loss of consciousness and blunt head trauma. Treatments include rest, medications. Diagnostics included computed tomography of the head (1/27/15) normal. In the progress note dated 2/18/15 the treating provider's plan of care includes an initial trial of 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 initial request for Chiropractic treatment of the thoracic spine 3 times a week for 2 weeks, for a total of 6 visits as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has not received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back Chapter recommend an initial trial of 6 sessions of manipulative care over 2 weeks. The UR reviewer cites in his report that the initial 6 sessions are not warranted due to lack of exam findings. The exam findings have been reviewed in the records provided. The records provided by the primary treating physician show that chiropractic treatments have not been rendered. I find that the initial trial of 6 chiropractic sessions requested to the thoracic spine to be medically necessary and appropriate.